

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2							52				
3							53				
4							54				
5							55				
6							56				
7	/						57				
8							58				
9							59				
10	/						60				
11	/						61				
12							62				
13							63				
14							64				
15	/						65				
16	/						66				
17	/						67				
18	/						68				
19	/						69				
20							70				
21							71				
22							72				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	9						TOTAL IND.				
TOTAL DEP.	10						TOTAL DEP.				
TOTAL CLAIMS	19						TOTAL CLAIMS				

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE

Best Available Copy